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Licata & Tyrrell P.C.

66 E. Main Street Marlton, New Jersey

Tel: (856) 810-1515 Fax: (856) 810-1454

May 7, 2003

OFFICIAL

GROUP: 1635

FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: RTS-0345

SERIAL NO.: \(\)(0/007,010

FILED: December 4, 2001

NUMBER OF PAGES: 6

(including this sheet)

MESSAGE: Attached is a Response to the Restriction Requirement dated April 9, 2003.

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

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| TAYTETA I I'L | | PTAL IETTE | D /I a. | ara Patital | 111 | Docket No. | |
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| AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Borchers and Dobic | | | | | RTS-0345 | | |
| | | | | Examiner Jane Zara | | Group Art Unit 1635 | |
| Invention: ANTISENSE MODULATION OF HEMATOPOTETIC CELL PROTEIN TYROSINE KINASE EXPRESSION | | | | | | | |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS: | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| | | HIGHEST # PREV. PAID FOR | ۲ . | NUMBER EXTRA | RATE | ADDITIONAL FEE | |
| 13 | - | 20 = | | 0 | x \$18. | 00 \$0.00 | |
| 1 | - | 3 = | | ٥ | × \$84. | .00 \$0.00 | |
| Multiple Dependent Claims (check if applicable) | | | | | | \$0.00 | |
| No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. □ A check in the amount of to cover the filing fee is enclosed. ☑ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. ☒ Any additional filing fees required under 37 C.F.R. 1.16. ☒ Any patent application processing fees under 37 CFR 1.17. | | | | | | | |
| ta P.C. | ire | | Date | I certify that on first class ma Assistant Co 20231. | il under 37 C. mmissioner | ent and fee is being deposited with the U.S. Postal Service as F.R. 1.8 and is addressed to the for Patents, Washington, D.C. Mailing Correspondence Person Mailing Correspondence | |
| | ISENSE MC ASE EXPRE vith is an am calculated a CLAIMS RE AFTER AME 13 1 at Claims (cr arge Deposite copy of this attent amount inissioner is attent applicatent applica | ISENSE MODULATION ASE EXPRESSION TO THE ADVIT IS A SET IN THE ADVIT IS AN AMERICAN IN THE ADVIT IS A SET IN THE ADVIT IN THE ADVIT IS A SET IN THE ADVIT IN THE ADVIT IS A SET IN THE ADVIT IN THE ADVIT IS A SET IN THE ADVIT IN THE ADVI | TO THE ASSISTANT COMMITTEE | ISENSE MODULATION OF HEMATOPOIETY ASE EXPRESSION TO THE ASSISTANT COMMISS with is an amendment in the above-identified application processing fees under 37 C.F.R. 1 signature ta Signature TO THE ASSISTANT COMMISS TO THE ASSISTANT COMMISS TO THE ASSISTANT COMMISS AND THE ASSISTANT COMMISS TO T | ISENSE MODULATION OF HEMATOPOIETIC CELL PROTEIN ASE EXPRESSION TO THE ASSISTANT COMMISSIONER FOR PATE with is an amendment in the above-identified application. calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING AFTER AMENDMENT 13 - 20 = 0 1 - 3 = 0 Int Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AME TOTAL ADDITIONAL FEE FOR THIS AME Total amount of to cover the filling fee is enclosed. In the amount of the following atton or credit any overpayment to Deposit Account No. 50-1619 Total cover the filling fee is enclosed. In the amount of to cover the filling fee is enclosed. In the amount of the following atton or credit any overpayment to Deposit Account No. 50-1619 Total cover the filling fee is enclosed. In the amount of the following atton or credit any overpayment to Deposit Account No. 50-1619 Total application processing fees under 37 C.F.R. 1.16. Signature Total Account No. Dated: May 7, 2003 Signature Total Account No. Signature Total Accoun | ISENSE MODULATION OF HEMATOPOIETIC CELL PROTEIN TYROSIASE EXPRESSION TO THE ASSISTANT COMMISSIONER FOR PATENTS: with is an amendment in the above-identified application. calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT 13 - 20 = 0 x \$18 1 - 3 = 0 x \$84 at Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT noal fee is required for amendment. arge Deposit Account No. in the amount of ecopy of this sheet is enclosed. If the amount of to cover the filling fee is enclosed. If the amount of to cover the filling fee is enclosed. If the amount of the following fees association or credit any overpayment to Deposit Account No. 50-1619 ecopy of this sheet is enclosed. Additional filling fees required under 37 C.F.R. 1.16. Additional filling fees required under 37 C.F.R. 1.16. Signature of Person Signature of Person Signature of Person (2231). | |

| CERTIFICATE OF | TRANSMISSION BY FAC | SIMILE (37 CFR 1.8) | Docket No. |
|---------------------------------|-----------------------------------|----------------------------------------------------------------------|---------------------------|
| Applicant(s): Borchers a | | | RTS-0345 |
| Serial No. 10/007,010 | Filing Date December 4, 2001 | Examiner Jane Zara | Group Art Unit 1635 |
| Invention: ANTISENSE KINASE EXP | MODULATION OF HEMATO | POIETIC CELL PROTEIN TY | YROSINE |
| | | | |
| I hereby certify that this | Re | eply to Restriction Requirement (Identify type of correspondence) | <u>t</u> |
| is being facsimile transmi | itted to the United States Patent | | No. <u>703-872-9306</u>) |
| onMay 7, 2 | 003 | | |
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ELLECT.

Attorney Docket No.:

RTS-0345

Inventors:

Borchers and Dobie

Serial No.:

10/007,010

Filing Date:

December 4, 2001

Examiner:

Zara, Jane

Group Art Unit:

1635

Title:

Antisense Modulation of Hematopoietic Cell Protein Tyrosine Kinase Expression

Certificate of Facsimile Transmission

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On May 7, 2003

Sone Massey Licata Registration No. 32,257

Assistant Commissioner for Patents 20231 Washington, DC

REPLY TO RESTRICTION REQUIREMENT

This reply is being filed in response to the Restriction Requirement mailed April 9, 2003 setting a one month period for response. Please enter the following remarks into the record.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:

RTS-0345

Inventors:

Borchers and Dobie

Serial No.:

10/007,010

Filing Date:

December 4, 2001

Examiner:

Zara, Jane

Group Art Unit:

1635

Title:

Antisense Modulation of Hematopoietic Cell Protein Tyrosine Kinase Expression

Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On May 6, 2003

QUARIO LUCA

Jane Massey Licata Registration No. 32,257

Assistant Commissioner for Patents Washington, DC 20231

REPLY TO RESTRICTION REQUIREMENT

This reply is being filed in response to the Restriction Requirement mailed April 9, 2003 setting a one month period for response. Please enter the following remarks into the record.

REMARKS

Claims 1, 2, 4-10 and 12-15 are pending in this application. The claims of the present application have been subjected to a